

Sample of the 2005 W-2

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE				1 Wages, tips, other compensation		2 Federal income tax withheld	
								\$		\$	
								3 Social security wages		4 Social security tax withheld	
								\$		\$	
								5 Medicare wages and tips		6 Medicare tax withheld	
								\$		\$	
EMPLOYER'S ID 72-0564834				EMPLOYEE'S SSN				12D 401K TSP		12E 403B TIAA	
8 Allocated tips				9 Advance EIC payment				10 Dependent care benefits		12C Taxable life insurance	
\$				\$				\$		\$	
12P Moving allowance NT				13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third Party				14A Moving allowance taxed		14B NT Health benefits	
\$				Employee Plan Sick Pay				\$		\$	
15 State/Employer's State ID#				16 State wages, tips, etc.				17 State income tax		18 Local wages, tips, etc.	
\$				\$				\$		19 Local income tax	
										20 Locality name/Locality ID#	
Department of the Treasury-Internal Revenue Service						Copy B - To be filed with employee's			OMB No. 1545-0008		
FORM W-2 Wage and Tax Statement 2005						FEDERAL tax return					

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE				1 Wages, tips, other compensation		2 Federal income tax withheld	
								\$		\$	
								3 Social security wages		4 Social security tax withheld	
								\$		\$	
								5 Medicare wages and tips		6 Medicare tax withheld	
								\$		\$	
EMPLOYER'S ID 72-0564834				EMPLOYEE'S SSN				12D 401K TSP		12E 403B TIAA	
8 Allocated tips				9 Advance EIC payment				10 Dependent care benefits		12C Taxable life insurance	
\$				\$				\$		\$	
12P Moving allowance NT				13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third Party				14A Moving allowance taxed		14B NT Health benefits	
\$				Employee Plan Sick Pay				\$		\$	
15 State/Employer's State ID#				16 State wages, tips, etc.				17 State income tax		18 Local wages, tips, etc.	
\$				\$				\$		19 Local income tax	
										20 Locality name/Locality ID#	
Department of the Treasury-Internal Revenue Service						Copy C - For employee's records			OMB No. 1545-0008		
FORM W-2 Wage and Tax Statement 2005						See insert for important information					

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE				1 Wages, tips, other compensation		2 Federal income tax withheld	
								\$		\$	
								3 Social security wages		4 Social security tax withheld	
								\$		\$	
								5 Medicare wages and tips		6 Medicare tax withheld	
								\$		\$	
EMPLOYER'S ID 72-0564834				EMPLOYEE'S SSN				12D 401K TSP		12E 403B TIAA	
8 Allocated tips				9 Advance EIC payment				10 Dependent care benefits		12C Taxable life insurance	
\$				\$				\$		\$	
12P Moving allowance NT				13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third Party				14A Moving allowance taxed		14B NT Health benefits	
\$				Employee Plan Sick Pay				\$		\$	
15 State/Employer's State ID#				16 State wages, tips, etc.				17 State income tax		18 Local wages, tips, etc.	
\$				\$				\$		19 Local income tax	
										20 Locality name/Locality ID#	
Department of the Treasury-Internal Revenue Service						Copy 2 - To be filed with employee's			OMB No. 1545-0008		
FORM W-2 Wage and Tax Statement 2005						state or local tax return					

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE				1 Wages, tips, other compensation		2 Federal income tax withheld	
								\$		\$	
								3 Social security wages		4 Social security tax withheld	
								\$		\$	
								5 Medicare wages and tips		6 Medicare tax withheld	
								\$		\$	
EMPLOYER'S ID 72-0564834				EMPLOYEE'S SSN				12D 401K TSP		12E 403B TIAA	
8 Allocated tips				9 Advance EIC payment				10 Dependent care benefits		12C Taxable life insurance	
\$				\$				\$		\$	
12P Moving allowance NT				13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> Third Party				14A Moving allowance taxed		14B NT Health benefits	
\$				Employee Plan Sick Pay				\$		\$	
15 State/Employer's State ID#				16 State wages, tips, etc.				17 State income tax		18 Local wages, tips, etc.	
\$				\$				\$		19 Local income tax	
										20 Locality name/Locality ID#	
Department of the Treasury-Internal Revenue Service						Copy 2 - To be filed with employee's			OMB No. 1545-0008		
FORM W-2 Wage and Tax Statement 2005						state or local tax return					

NOTICE TO EMPLOYEE

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2005 if: **(a)** you do not have a qualifying child and you earned less than \$11,750 (\$13,750 if married filing jointly), **(b)** you have one qualifying child and you earned less than \$31,030 (\$33,030 if married filing jointly), or **(c)** you have more than one qualifying child and you earned less than \$35,263 (\$37,263 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$2,700. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** If you have at least one qualifying child, you may get as much as \$1,597 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-800-772-1213.

Credit for excess taxes. If you had more than one employer in 2005 and more than \$5,580.00 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$2,943.60 in Tier II RRRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or 1040A instructions and Publication 505, Tax Withholding and Estimated Tax.

Instructions

- Box 1.** Enter this amount on the wages line of your tax return.
- Box 2.** Enter this amount on the federal income tax withheld line of your tax return.
- Box 8.** This amount is **not** included in boxes 1, 3, or 5. For information on how to report tips on your tax return, see your Form 1040 instructions.
- Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.
- Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box

1. You **must** complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 12.

The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) under all plans are generally limited to a total of \$14,000 (\$17,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$14,000. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2005, your employer may have allowed an additional deferral of up to \$4,000 (\$2,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last three years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

- Box 12 C.** Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)
- Box 12 D.** Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
- Box 12 E.** Elective deferrals under a section 403(b) salary reduction agreement
- Box 12 P.** Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)
- Box 12 W.** Employer contributions to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).
- Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.

Note: Keep *Copy C* of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep *Copy C* until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.